



78 West Lee Street, Warrenton, Virginia 20186 • Office: (540) 422-8600 • Fax: (540) 422-8605

FAUQUIER COUNTY SHERIFF'S OFFICE

RIDE-ALONG APPLICATION

Please read and fill out pages 1-5 *page six (6) is for agency use only* and sign.

<u>Incomplete applications will not be processed</u>

Once your application has been processed, you will be contacted by telephone and informed if your application was approved. This is a voluntary program conducted in the interest of public enlightenment. The Fauquier County Sheriff's Office reserves the right to limit or exclude any person from participation in this program.

Name:			Date of Birth:			
Name: Last	Middle	First				
Soc. Sec. #			Male or Fe (Circle one			
Home Address:						
Stree	et	City	State	Zip		
Home Phone: ()		Work Phone: ()		
Email:			<u> </u>			
Occupation:						
-			nployee? Yes		•	me and
Have you previously	ridden with this	office? Yes	No (If Yes	s, list the re	eason(s) and date(s):
			orogram? Yes			date(s)





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Describe your reason(s) for wanting to participate in the Ride-Along Program:				
Are you currently involved in any potential legal process arising from any traffic or criminal matter as a defendant, plaintiff, or witness? Yes No (If Yes, explain):				
Do you have any medical conditions that might affect your ability to participate in this program? Yes No (If Yes, explain):				
Have you ever been arrested? Yes No (If Yes, explain)				
<u> </u>				

Instructions to Ride-Along Applicants

(All approved applicants shall meet the following requirements, and assume responsibilities as stated.)

- A. Be a representative of business or civic group. Any applicant for Deputy Sheriff, any Sworn Law Enforcement Officer from a certified agency in or out of State.
- B. Resident of Fauquier County (excluding Sworn Law Enforcement Personnel.) *See Exception B*
- C. At least eighteen years of age. (Participants younger than 18 years of age will be decided on a case-by-case basis.)
- D. Follow all instructions of the Deputy Sheriff during the Ride-Along and not interfere with the Deputy Sheriff during the performance of their duties.
- E. The Ride-Along program shall be conducted at times which have been approved and shall not extend past 0200 hours (A.M.). (Excluding Sworn Law Enforcement Personnel.)
- F. All Ride-Along participants will meet the shift supervisor 15 minutes prior to the scheduled time of the Ride-Along at 78 West Lee Street, Warrenton, VA (Sheriff's Office)





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- G. All Ride-Along participants are required to conduct themselves in a mature, professional matter at all times.
- H. Participants who are asked to identify themselves during the Ride-Along should explain that they are a "Citizen Observer."

*Exception B: Non-Residents may be eligible on a case-by-case basis.

In the event of an emergency, the following person may be contacted:					
Name:	Relationship:				
Address:	Phone:				





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FAUQUIER COUNTY SHERIFF'S OFFICE RIDE-ALONG PROGRAM RULES AND REGULATIONS

- 1. The shift supervisor will designate with whom the applicant will ride.
- 2. The shift supervisor or his/her supervisor may terminate the participant's Ride-Along at any time, if in his/her opinion, the continued participation presents an undue risk, or the participant's conduct, deportment, or sobriety is such that continued participation is not in the best interests of the Fauquier County Sheriff's Office. A memo will be completed stating the reason(s) for termination.
- 3. The hours of the participant's Ride-Along will be established prior to the approval of the application. These time limits may be terminated at the request of the applicant. Extensions of Ride-Along time limits may only be made with the approval of the shift supervisor or their supervisor.
- 4. Ride-Along participants are prohibited from carrying with them, during the Ride-Along, any flashlight, camera, radio of any type, tape recorder or player, binoculars, or any similar device unless authorized by the commander or shift supervisor.
- 5. RIDE-ALONG PARTICIPANTS WILL NOT BE PERMITTED TO CARRY WEAPONS, CONCEALED OR OTHERWISE, OR RESTRAINING DEVICES OF ANY KIND.

 EXCEPTIONS MAY BE MADE FOR LAW ENFORCEMENT OFFICIALS FROM THIS STATE, OR FEDERAL OFFICERS. THE CARRYING OF CONCEALED WEAPONS BY SWORN LAW ENFORCEMENT OFFICIALS FROM THIS STATE AND BY FEDERAL OFFICERS WILL BE GOVERNED BY STATE CODE.
- 6. Ride-Along participants are prohibited from using any type of tobacco product during the course of the Ride-Along.
- 7. Participants are observers. They will not exit the Deputies vehicle during any law enforcement activity unless directed to do so by the Deputy. They will refrain from direct involvement in the Deputies functions or conversation with violators, suspects, arrestees, witnesses, complainants, or other members of the public encountered during the course of the official duties of the Deputy Sheriff with whom the participant is riding.
- 8. Participants may be asked to temporarily interrupt their Ride-Along during hazardous or unusual circumstances. Participants will immediately comply with such requests and otherwise obey the directions of the Deputy Sheriff with whom the participant is riding.
- 9. During the course of the Ride-Along, the participant may be exposed to privileged information. The participant **WILL NOT** divulge any of the privileged information they are exposed to.
- 10. Participants are required to dress in casual business attire during their Ride-Along. Acceptable dress for men includes suits, sport coat and slacks, or collared shirt and slacks. Women may wear the preceding





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or a dress or pant suit. Jeans, shirts without collars, or tee shirts are not permitted.

11. Participants who are family members of the Fauquier County Sheriff's Office will not ride with the Deputy whom they are related to.





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FAUQUIER COUNTY SHERIFF'S OFFICE FAUQUIER, VIRGINIA WAIVER OF CIVIL LIABILITY AND INDEMNIFICATION AGREEMENT

In consideration of the Fauquier County Sheriff's Office, Virginia (hereinafter "FCSO") granting me permission to accompany a member of the FCSO as an observer in the Ride-Along Program, I hereby waive any and all risks and liability for damages, losses, personal injuries, or death which I might suffer, sustain, or cause while participating in the Ride-Along Program. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the County of Fauquier, the FCSO, Deputies, agents, or employees as a result of my voluntary participation in the Ride-Along Program, and I hereby hold harmless such persons and entities. In the event that a demand or claim, whether groundless or otherwise, is made against the entities and/or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees, and costs incurred in defending said demand or claim.

I further agree to comply with all rules and regulations of the Ride-Along Program and any instructions or orders issued by members of the FCSO in connection with the Ride-Along Program. I certify that I am aware of the potential risk involved in accompanying a Deputy Sheriff during the performance of his/her duties.

I hereby acknowledge that I fully understand the requirements and responsibilities of participants in this program, of potential risk involved when accompanying a Deputy Sheriff during the performance of their duties and am also aware of the consequences of this waiver and that it is a voluntary and intelligent act on my part. I further agree unconditionally to hold harmless Fauquier County, the Sheriff's office and all employees in the event of injury, or accident during my participation in this program.

	Date:
Signature of Applicant	
Printed Name of Applicant	
** If the applicant is under 18 year of age, a parent or	legal guardian must also sign the waiver.**
I give authorization for(Name of Minor)	to participate in the Fauquier
County Sheriff's Office Ride-Along Program in concurrer indemnification agreement.	nce with the above stated waiver of civil liability and
(Signature of Parent or Guardian and Relationship to Mino	Date:

(Printed Name of Parent or Guardian)





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Section below is to be completed by the Fauquier County Sheriff's Office					
Approved	Disapproved	Date:			
Date of assigned R	ide-Along				
Patrol Division Con	mmander:				
Additional Condition	ons (if any):				
cc: administrative I	File		Updated 7/29/2021		